

tudent Name:				New Stude	nt 🔲 Returning Studen
	(First name)				
(Street)	/	Age (as of September)	(Town) Grade (as	of September)	(Zip)
arent Information: Pare	nt 1:		Parent 2:		
	(First)	(Last)			
fome: ()	_Cell: ()	Home :(_		l:()	
-mail					
		WILL BE SET UP FOR			
xpiration Date:					my card set up for autopay
Emer	gency Contact: Nam	ne:	Phone:	:()	
	T				
MONDAY CLASS #	TUESDAY CLASS#	WEDNESDAY CLASS #	THURSDAY CLASS#	FRIDAY CLASS #	SATURDAY CLASS#
I understand that I may wit month. If TPDC is not noti will <u>not</u> be refunded as a s participate in TPDC recital I hereby permit my child harmless Bodyworx Etc.	chdraw from the program fied in writing it is under pot has been held for n s. to participate in dance Inc trading as Turning	n at any time during the dancerstood that I am not relieved my child. I also acknowledge and/or gymnastics and ung Pointe Dance Center and iction or participation in any	e season by notifying TPE of my obligation to pay al that excessive absenteeis derstand the risks inherent its staff from any and all	OC in writing prior to t ll incurred tuition fees. m may result in my ch ent in such activities.	he beginning of a new . I acknowledge that tuition ild being ineligible to  I release and hold
I release rights to all photo	s taken in relation to Tu	rning Pointe Dance Center, f	or exclusive TPDC use in	promotion or advertisi	ing.
-				-	
*If your child has a	ny medical conditions	s or learning disabilities, w	ve should be aware of pl	lease list below:	
OFFICE USE ONLY:			PAYMENT		
OFFICE USE ONLI.			FAINENI		n amount paid
	stration confirmed			Regis	stration fee
	n class list			0%	
☐ Entered in ☐ Payment	n computer recorded			nstallment Tull	
_ raymont			<del>-</del>	ash	
				Check #	
Notes				/isa /MC/Amex/Disc	

Staff Initials \_\_\_